	SATENT	.pn	'	ppiication	י טי די	ocket Mail	iber						
								10/718,204					
CLAIMS AS FILED - PART I													
(Column 1) (Column 2)								MALL E		OR	OTHER SMALL		
TOTAL CLAIMS							ſ	RATE	FEE	1	RATE	FEE	
FC)R	37	· NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEI	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	34 minus 20=		- 14			X\$ 9=		OR	X\$18=	75	
INE	DEPENDENT C	LAIMS	2 minus 3 =		• 02		┟	X43=		1	X86=	252	
_		NDENT CLAIM P					ŀ			OR	∧00=		
								+145=		OR	+290=	*	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1,022	
CLAIMS AS AMENDED - PART II								CMALL	CMTITY	٣.	OTHER		
-		(Column 1)		(Colur		(Column 3)		SMALL		OR	SMALL	ADDI-	
AMENDMENT	1/27/04	REMAINING AFTER AMENDMENT	MAINING PR		BER DUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE	
	Total	· 43A	Minus	#3º	4	= 14		X\$ 9=		OR	X\$18=	252,	
	Independent	. 3	Minus	 3	?	=0		X43=		OR	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						! 	+145=		OR	+290=		
1, 17,30								TOTAL		, I	TOTAL	$\overline{}$	
(Column 1) (Column 2) (Column 3)							A	DDIT. FEE		OR	ADDIT. FEE		
		(Column 1) CLAIMS	T	HIGH	EST	(Column 3)	ı		ADDI-			. ADDI-	
AMENDMENT B	•	REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= .		X43=		OR	X86=		
_	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM	·. []	 	11/5-			1200-	·	
	·:	•		•	٠,	•	L	+145=		OR	+290= TOTAL		
	•						A	DDIT. FEE		OR	ADDIT. FEE		
		(Column 1) CLAIMS		(Colun		(Column 3)				•			
AMENDMENT C		REMAINING AFTER AMENDMENT	; ;	NUME PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MO	Total	*	Minus	**			ŀ	X\$ 9=		OR	X\$18=		
MEN	Independent	•	Minus	***		=	-	X43= '	<u>-</u>		X86=		
۷	FIRST PRESE			OR									
+145= - OR +290=													
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE		
	i the "Highest Num The "Highest Num	mber Previously Pai ober Previously Pai	d For" (Total or	Independe	nt) is the	highest number	r foun	d in the ap	oropriate box	in cot	umn 1.		
	_								•		•		